Acceptable POC

Bureau of Health Care Quality and Compliance

PRINTED: 01/20/2011 FORM APPROVED

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED DENTIFICATION NUMBER: A. BUILDING B. WING NVS3543AGZ 01/11/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2620 E ROBINDALE ROAD COTTAGES OF GREEN VALLEY** HENDERSON, NV 89074 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Y 000 Y 000 Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations. actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a Change of Category survey conducted in your facility on 1/11/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is currently licensed for 103 Residential Facility for Group beds 48 beds elderly and disabled persons. Category I residents and 55 beds for care to person's with Alzheimer's, Category II. The facility is requesting a category change in the Red Cottage to 12 Beds Y991 for care to person's with Alzheimers. a)The back exit door 1/11/11 by room #808 was The following deficiencies were identified: immediately armed for sound. Y 991 449.2756(1)(b) Alzheimer's Fac door alarm Y 991 b) All exit doors will NAC 449.2756 be checked daily by anho ku 1. The administrator of a residential facility which the Maintenance Dia CEMEN rector to ensure that FEB 0 1 2018 provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other sound. The Admittall of LICENSURE AND CERTIFICATION audible devices which are activated when a door is opened are installed on all doors that may be LAS YEGAS, NEVADA strator will monitor used to exit the facility. for compliance weekly. Please refer to attachment #1 (check-This Regulation is not met as evidenced by: list) Based on observation on 1/11/11, the facility If deficiencies are gited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. (X6) DATE

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

If continuation sheet 1 of 3

Bureau of Health Care Quality and Compliance						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3543AGZ		(X2) MULTI A. BUILDIN B. WING _		(X3) DATE SURVEY COMPLETED 01/11/2011
			STREET AD	DRESS CITY !	STATE, ZIP CODE	V1/11/2011
COTTAGES OF OPERN VALLEY 2620 E RO			OBINDALE F	ROAD		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
Y 991	Y 991 Continued From page 1			Y 991		
	failed to ensure that 1 of 2 of exit doors had installed alarms that operated when the exit door was opened (back exit door by Room #808). 4 449.2756(1)(e) Alzheimer's facility - Dangerous items			Y 994	and locked in the cabinets. The Re-	1/11/11
				VI Zholi		
	NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.		's I other he to the	Hallyn	sident Coordinator or designee will check all cottages daily to ensure that there are no accessible dangerous items present. The Administrator will monitor for	
	This Regulation is not met as evidenced by: Based on observation on 1/11/11, the facility failed to ensure dangerous items were not accessible to residents (knifes were observed to be on dining room table).			compliance. Please refer to attachement #2 (checklist)		
Y 998	449.2756(f)(4) Alzh	neimer's Facility-Yard	safe	Y 998		
	NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area				RECEI FEB 0 1 BUREAU OF LICENSURE AN PAS VEGAS, NE	201 ?
	All gates leading fit	in the secured, lefficed area				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS3543AGZ 01/11/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 E ROBINDALE ROAD **COTTAGES OF GREEN VALLEY** HENDERSON, NV 89074 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 1D (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Y 998 Continued From page 2 Y 998 Y998 1/11/11 or yard to an unsecured open area or yard must The gas grills and be locked and keys for gates must be readily Water hose were imavailable to the members of the staff of the facility Mediately removed at all times. From the common Areas, All common Areas will be checked Daily to ensure that The area is maintained in a manner that does not jeopar-This Regulation is not met as evidenced by: Based on observation on 1/11/11, the facility dize the safety of the failed to provide a safe outside area for residents residents. The Ad-(Gas grill and water hose was observed in ministrator will monicommon area). tor for compliance. Please refer to Y 999 449.2754(1)(g) Alzheimer's Facility-Toxic Y 999 Attachment #3 substances Y999 1/11/11 NAC 449.2756 The Fabric Freshner 1. The administrator of a residential facility which And biofreeze pain provides care to persons with Alzheimer's Gel was immediately disease shall ensure that: Removed from the (g) All toxic substances are not accessible to the Cottage. The Superresidents of the facility. Visor will check all Memory care cottages daily to ensure that toxic substances are This Regulation is not met as evidenced by: inaccessible to resi-Based on observation on 1/11/11, the facility dents. The Adminfailed to ensure toxic substances were istrator will monitor inaccessible to residents (Fabric Freshner and for compliance. Biofreeze pain gel was located in living room Please refer to Attachunsecured.) ment #4